

Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Office Use:	LAL	
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Statement of Committee Organization

1.	Statement Information Date: 8/20/2016		
	Type: New Amended (if amending, enter MEC ID CLL	01327 & section ch	anged)
2.		The second of the second	The state of the state of
	Citizens for a Safer Jackson County		
	Name of Committee	***************************************	222 400 4040
			(202) 400-1816
	Committee Mailing Address, City, State, & Zip	Jackson County	relephone Number
		County Clerk or Board of Election Commission	oners
	Committee Type: Campaign Candidate Continuing (PAC) Debt Service Expl	oratory Political Party
3.	Treasurer/Deputy Treasurer Information	建设设施设施 医眼中的人员	· (4) (4) (4) (4) (4) (4) (4) (4) (4) (4)
	Pat Contreras		
	Treasurer's Name (First & Last) PO Box 7031 Kaneae City, MO 64113	Treasurer's Email Address (optional) (202 \ 400-1816	,
	PO Box 7031 Kansas City, MO 64113 Treasurer's Mailing Address, City, State, & Zip	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional)	
		()	()
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number	Dep. Treasurer's Work Telephone Number
4.	Additional Committee Information	建物的现在形像形式通过多少。	
	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Address	ess, City, State, & Zip
	Commission of the Commission o	Country of Organization / Marilland Address Co	Chara (1, 7)
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, C	· ·
5	CANDIDATES: Do you have more than one candidate committee? Official Bank Account Information (required by all committees).		oack) No
J.	Official Bank Account information (required by air committees).		The Asia Mark States
	N. Committee of the Com		0
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٥.	Candidate Supported or Opposed (candidate committees must	include self, if candidate)	
	Name & Mailing Address, City, State & Zip of Candidate	() Telephone Number (Candidate Committees C	
	Name & Walling Address, City, state & 219 of Calibrate	relephone Number (canadate committees c	лнуј
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees m	nust complete this section)	
	COMBAT Renewal (Anti-Crime Sales Tax)	11/8/2016	Support
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
3.	Signature(s) Check certification(s) & sign (required by all comm	nittees)	
	I affirm and attest under penalty of perjury that information an	d facts in this report are comple	ete, true, and accurate. I
	further acknowledge that I am aware that any false statement or o	declaration made herein is puni	shable under Ch. 575 RSMo.
	CRA.		
•	Competee Treasurer	Candidate (Candidate Committees Only)	
10	300-1308 Form must be completed in full & contain original contains or second contains or	ginal signature(s), fax filings are	not accepted. Page 1 of 3

MO 300-1308 Packet (Rev. 11/2014) Form must be completed in full & contain original signature(s), fax filings are not accepted.